



CITY OF HIBBING
APPLICATION FOR CITY LIQUOR LICENSE

License Period: _____ to _____

APPLICATION FEE (check one)

Beer & Wine License \$50.00 Liquor License \$210.00

LICENSE TYPE & FEE: (check one)

On-Sale \$1,875.00 Sunday \$ 185.00 Off Sale \$ 200.00
3.2 On-Sale \$ 140.00 3.2 Off Sale \$ 90.00 Wine \$ 190.00
Club: Fee based on membership: 200 or less = \$300.00; 201-500 = \$500.00; 501-1000 = \$650.00

Note: No license will be approved or release until MN Liquor Control receives the \$20 Buyer Card

APPLICANT INFORMATION:

Full Name: _____
Home Address: _____
City State Zip Length of Time at Present Address: _____
Home Phone: () _____ Work Phone: () _____ Cell () _____
Date of Birth: _____ Social Security #: _____ Driver's License #: _____

BUSINESS INFORMATION:

Licensee Name: _____
Business Trade Name (DBA): _____
Address: _____
Street City State
Business Phone: () _____

LICENSEE'S FEDERAL TAX ID# _____ MN TAX ID# _____

ATTACHMENTS:

- Attach Proof of **Certificate Liquor Liability Insurance**
- Attach Proof of Certificate of Compliance of **Worker's Compensation**

The property at which I am requesting a license for, I Own Rent Lease Other
(If you rent or lease the premises, you must attach a copy of your fully executed rental or lease agreement)

- Attach Proof that **Real Estate Taxes** on property to be license are: Paid current Delinquent

Type of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation Give name, residence, DOB, Social Security #, title for all partners, or officers			
Partner/Officer Name & Title	Address	Social Security #	DOB
Partner/Officer Name & Title	Address	Social Security #	DOB
Partner/Officer Name & Title	Address	Social Security #	DOB

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT OF MY OWN KNOWLEDGE.		
_____ Print Name	_____ Signature	_____ Date

APPROVAL: <i>Application must be brought before City Council for approval</i>	
CITY OF HIBBING	Date Approved:
Date Fee Paid:	License Dates:
_____ Signature City Clerk – Treasurer	_____ Date
_____ Signature Police Department	_____ Date